

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 09/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  09/10/2015
NAME OF PROVIDER OR SUPPLIER  RENAISSANCE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 257 PATTON LANE HARRIMAN, TN 37748		
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F 000	INITIAL COMMENTS  An annual Recertification survey and complaint investigation #36781 were completed on September 10, 2015, at Renaissance Terrace. A deficiency was cited in relation to the complaint #36781 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	The Renaissance Terrace Center provides this plan of correction without admitting or denying the validity or existence of the alleged deficiencies. The Plan of Correction is prepared and executed solely because it is required by federal and state law.		
F 281	483.20(k)(3)(i) SERVICES PROVIDED MEET SS=D PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on review of facility policy, review of the employee handbook, review of facility documentation, review of Police Citation Reports, and interview, the facility failed to follow facility policies for professional conduct for 1 Registered Nurse (RN) of 4 RNs employed by the facility.  The findings included:  Review of the facility policy Substance Abuse and Alcohol Misuse Prevention and Testing revised 8/1/14 revealed, "...Company is committed to achieving a safe and healthful work environment, free from drug and alcohol abuse...the need to take prescription medications that may impair the ability to perform the essential functions of the job effectively and safely should be discussed with the employee's supervisor. All narcotic prescriptions must be discussed. Drug testing will be performed under the following circumstances...reasonable suspicion...reporting to work or working while impaired..."	F 281	<u>F281</u>  1. RN #1 was suspended 09/10/15 until investigation was completed. RN #2 and RN #3 were immediately verbally re-educated by the administrator. On 09/22/15, RN #2 was counselled by the administrator and on 09/23/15 RN#3 was counselled by the administrator regarding facility policies and procedures for Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction, Reporting and Time Clock Punch Change forms.  On 09/14/15, while still in the process of an investigation, RN #1 voluntarily resigned her position at Renaissance Terrace.  2. No other staff member has failed to follow facility policies for professional conduct. The event tracking system, 24 hour reports and grievance log were reviewed by the Director of Nursing during the		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Boque A. Parker**Administrator**Revised**10/03/15*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	Continued From page 1  Review of facility policy Approval of Payroll Time Reporting revised 11/1/09 revealed "...Purpose to review and ensure accuracy of employee reported payroll time...reported employee time for payroll purposes requires supervisory approval...management personnel are required to ensure that all supervisors have approved employee time..."  Review of the Employee Handbook dated 6/14 revealed, "...It is important to record your time accurately...employee who leaves the premises...must clock out...Employees will be subject to the Individual Performance Improvement Process if the following occurs: Failure to punch the clock...If you are arrested...you must notify your Division Human Resources (HR) Manager...If you fail to report this activity you will not be permitted to continue employment...The need to take prescriptions medications that may impair your ability to perform the essential functions of the job effectively and safely should be discussed with your supervisor..."  Review of the Employee File for RN #1 revealed a General Orientation sheet dated 3/6/13 indicating the employee had been in-serviced on Time Clock/Punch Deviation and received the Employee Handbook. Continued review revealed the RN was not taking prescription medications on the date of hire.  Review of facility documentation Position Description dated 4/1/11 revealed, "...Position: Registered Nurse...Responsible for assessing and providing direct nursing care to the residents and supervision of nursing activities...in	F 281	survey and no other concerns were identified. Although all residents have the potential to be affected, none were.  3. The Administrator re-educated facility department managers regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 09/11/15 with a posttest completed to validate understanding.  The RN Nurse Educator re-educated the nursing staff (all shifts) regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 09/16/15 and 09/17/15 with a posttest completed to validate understanding.  The Dietary Manager re-educated dietary staff regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 09/16/15, 09/17/15 and 09/23/15 with a posttest completed to validate		

Revised 10/13/15  
RSP

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F 281	Continued From page 2  accordance with current federal, state, and local standards, guidelines and regulations to ensure that the highest degree of quality care is maintained..."  Review of the facility Daily Nurse Staffing Form dated 7/3/15 revealed RN #1 was assigned 7:00 AM to 7:00 PM.  Review of the Daily Sign in Sheet dated 7/3/15 revealed RN #1 was listed as the nursing supervisor.  Review of a Daily Time Detail By Department dated 7/3/15 revealed RN #1 clocked in at 1:27 PM and clocked out at 5:44 PM. Continued review of the time detail revealed RN #2 worked 5.5 hours with no times listed.  Review of a detailed punch with no date revealed RN #1 had clocked in by a thumb punch on 7/3/15 at 7:30 AM.  Review of facility documentation dated 7/6/15 revealed RN #1 was "picked" up by the highway patrol, failed a field sobriety test due to prescriptions drugs, and was released the same day. Continued review revealed RN #2 witnessed RN #1 talking with 2 State Troopers. RN #2 had spoken to one of the Troopers, "...he told me she acts like she is under the influence. Said she had prescriptions on her..." Continued review revealed RN #2 bonded RN #1 out of jail and brought the RN back to the facility to complete the shift. Further review revealed the Administrator had instructed RN #1 to inform the facility of the court findings.  Review of the State of Tennessee Uniform	F 281	understanding.  The Environmental Services Manager re-educated Housekeeping and laundry personnel regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 9/25/15 with a posttest completed to validate understanding.  The Therapy Manager re-educated therapists regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 09/25/15 with a posttest completed to validate understanding.  The Activity Director re-educated activity personnel regarding the facility's policy and procedures regarding professional conduct including Substance Abuse, Drug and Alcohol Free Workplace, Arrest, Indictment, Conviction and Reporting on 09/25/15 and 09/26/15 with a posttest completed to validate understanding.		

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F 281	Continued From page 3 Citation dated 7/3/15 revealed RN #1 received a citation for DUI (driving under the influence). Continued review revealed "...The defendant was stopped for failure to yield and nearly striking two vehicles...upon my speaking with the def [defendant] she had glassy watery eyes, and appeared to be confused. Upon asking the def if she had taken any medication she stated Hydrocodone [narcotic pain medication]...Field sobriety tests were performed very poorly..."  Interview with the Administrator on 9/9/15 at 4:30 PM, in the Human Resources Office, confirmed RN #1 clocked in to work as the Nursing Supervisor at the facility on 7/3/15 at 7:30 AM. RN #3 deleted RN #1's thumb punch and RN #1 was arrested for a DUI on 7/3/15 while clocked into the facility. Continued interview revealed the RN Unit Manager, also on duty at the facility, was aware the Trooper arrested RN #1 for a DUI, bonded the RN out of jail, and allowed the RN to return to work on 7/3/15 after the RN was released from jail. Further interview confirmed the facility failed to ensure the policies and procedures for Substance Abuse, Payroll Time Reporting, and the Employee Handbook was followed after the RN Supervisor was arrested for a DUI involving prescription drugs while on duty.  C/O #36781	F 281	The Director of Nursing and/or designee, will audit and compare the nursing staff schedule, sign-in sheets, time punches and corrections made via Time Clock weekly for 4 weeks, then as determined by the monthly Quality Improvement Committee with corrective action upon discovery to ensure the facility's policy is followed for time management. Findings will be reported to the Administrator weekly following the audit.		
F 309	483.25 PROVIDE CARE/SERVICES FOR SS=D HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment	F 309	4. The Director of Nursing will take the findings to the monthly Quality Improvement Committee for any additional follow up and/or inservicing needs until the issue is resolved and randomly thereafter. The Quality Improvement Committee consists of the Administrator, Director of Nursing, Medical Director, Maintenance Director, Pharmacist Consultant, Activities Director, Environmental Services Director, RN Nurse Educator, Nutritional Services Director, Dietician, Health Information Manager, and Business Office Manager.	10/07/15	

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F 309	<p>Continued From page 4 and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide oxygen to 1 resident (#100) for 5 residents reviewed of 31 residents sampled.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #100 was admitted to the facility on 1/19/15 with diagnoses including Cerebrovascular Disease, Hemiplegia Right Side, Dysphagia, Depression, Hypertension, Atrial Fibrillation, and Osteoporosis.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 7/20/15, revealed the resident was severely impaired cognitively, was total dependence for all Activities of Daily Living (ADL's), and used oxygen.</p> <p>Medical record review of the Care Plan dated 2/26/15 revealed a goal the resident would have no sign or symptoms of respiratory distress.</p> <p>Medical record review of the Physician's Recapitulation Orders dated September 2015 revealed, "...Oxygen at 2.5 L [liter]/min [minute] via [by way of] nasal cannula as needed...for shortness of breath...may check O2 [oxygen] sats [saturation] as indicated..."</p> <p>Observation on 9/8/15 at 11:05 AM, in the resident's room, revealed the resident sitting in a</p>	F 309	<p><b>F309</b></p> <ol style="list-style-type: none"> <li>1. The oxygen cylinder was immediately replaced for Resident #100. After changing the oxygen tank and resetting the delivery rate to 2LPM, the resident's oxygen sats were checked and the reading was at 94%. The resident has not experienced any negative outcome.</li> <li>2. All residents of the facility have the potential to be affected including residents receiving oxygen when sitting in a wheelchair. Residents up in a wheelchair with oxygen cylinders were observed and checked by a Nurse Manager on 09/08/15, with no additional corrective action required.</li> <li>3. The Nurse Practice Educator (NPE) conducted re-education with the nursing staff on 09/23/15 and 09/25/15 regarding the need to ensure that each resident receives the necessary care and services to attain or maintain the highest practicable physical, psychosocial well-being in accordance with plan of care related to calculating the duration of oxygen cylinders via settings of liters per minute, observing residents with oxygen up in a wheelchair with</li> </ol>		

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F 309	Continued From page 4 and plan of care.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to provide oxygen to 1 resident (#100) for 5 residents reviewed of 31 residents sampled.  The findings included:  Medical record review revealed Resident #100 was admitted to the facility on 1/19/15 with diagnoses including Cerebrovascular Disease, Hemiplegia Right Side, Dysphagia, Depression, Hypertension, Atrial Fibrillation, and Osteoporosis.  Medical record review of the Quarterly Minimum Data Set (MDS) dated 7/20/15, revealed the resident was severely impaired cognitively, was total dependence for all Activities of Daily Living (ADL's), and used oxygen.  Medical record review of the Care Plan dated 2/26/15 revealed a goal the resident would have no sign or symptoms of respiratory distress.  Medical record review of the Physician's Recapitulation Orders dated September 2015 revealed, "...Oxygen at 2.5 L [liter]/min [minute] via [by way of] nasal cannula as needed...for shortness of breath...may check O2 [oxygen] sats [saturation] as indicated..."  Observation on 9/8/15 at 11:05 AM, in the resident's room, revealed the resident sitting in a	F 309	oxygen cylinders in use to ensure oxygen cylinders are not empty, turning off oxygen cylinders when not in use, and pulse oximetry with a posttest completed to validate understanding. Staff not available during this timeframe will receive reeducation including posttest upon return to work by the NPE/designee.  Nurse Management/designee will audit residents up in a wheel chair with oxygen cylinders daily x 2 weeks including weekends then 3 x per week for 2 weeks then as determined by the monthly Quality Improvement Committee with corrective action upon discovery. Findings will be reviewed with the charge nurse/designee for follow up if indicated.  4. The Director of Nursing, or designee, will report findings to the monthly Quality Improvement Committee for any additional follow up and/or inservicing needs until the issue is resolved and randomly thereafter. The monthly Quality Improvement Committee consists of the Administrator, Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director,		

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F 309	Continued From page 5 chair in no distress. Continued observation revealed the resident with a nasal cannula in place, connected to an oxygen cylinder, at 2 LPM (liter per minute). Further observation revealed the oxygen cylinder was empty.  Observation and interview with Licensed Practical Nurse (LPN) #1 on 9/8/15 at 11:06 AM, in the resident's room, confirmed the resident's oxygen cylinder was empty. Further observation and interview confirmed the resident's oxygen level on the pulse oximeter read 76% and should be a minimum of 93%.	F 309	Activities Director, Environmental Services Director, RN Nurse Educator, Nutritional Services Director, Health Information Manager and Dietician.	10/07/15	
F 356 SS=C	<b>483.30(e) POSTED NURSE STAFFING INFORMATION</b>  The facility must post the following information on a daily basis: o Facility name. o The current date. o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. o Resident census.  The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format. o In a prominent place readily accessible to residents and visitors.  The facility must, upon oral or written request,	F 356	<b>F356</b>  1. Daily Nurse Staffing was corrected by Director of Nurses for 09/08/15 and reposted with the correct RN hours.  2. All residents of the facility have the potential to be affected. There are no additional postings required. The Administrator checked the staff posting for accuracy on 9/9/15 with no additional corrective action required.  3. The Director of Nursing re-educated the Nurse Supervisor/designee regarding the need to ensure accurate posting of licensed staff directly responsible for direct resident care (hands on) including RN staff on 09/09/15 with a posttest completed to validate understanding.		

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F 356	<p>Continued From page 6</p> <p>make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of nurse staffing, observation, and interview, the facility failed to ensure an accurate daily Posted Nurse Staffing for 2 of 4 days reviewed for nurse staffing posted.</p> <p>The findings included:</p> <p>Review of the Daily Nurse Staffing Form dated 7/3/15 revealed staffing included 1 Registered Nurse (RN) for 7:00 AM to 7:00 PM.</p> <p>Review of a facility investigation revealed the RN on 7/3/15 had left the facility at a undetermined time and returned after lunch.</p> <p>Interview with RN #3 on 9/10/15 at 1:30 PM, in the Assistant Director of Nursing Office, confirmed the Daily Nurse Staffing dated 7/3/15 was not correct because the facility was unsure what hours the RN was on duty 7/3/15.</p> <p>Observation on 9/8/15 at 9:10 AM, outside the Nurse Administration Room, revealed the Daily Nurse Staffing Form dated 9/8/15 indicated there were 4 RNs on duty.</p> <p>Observation on all three units in the facility on 9/8/15 revealed 1 RN was on duty.</p>	F 356	<p>4. The Director of Nursing and Assistant Director of Nursing will audit the Daily Nurse Staff posting form daily x 2 weeks then 3 x per week x 2 weeks then as determined by the monthly Quality Improvement Committee with corrective action upon discovery. The Director of Nursing and/or designee will report trends identified to the monthly Quality Improvement Committee for any additional follow up and/or inservicing needs until the issue is resolved and randomly thereafter. The monthly Quality Improvement Committee consists of the Administrator, Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Environmental Services Director, RN Nurse Educator, Nutritional Services Director, Health Information Manager, and the Dietician.</p>	10/07/15	



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F 356	Continued From page 7  Interview with the Director of Nursing (DON) on 9/8/15 at 1:00 PM, in the conference room, confirmed the Daily Nurse Staffing Form was incorrect and the facility had 1 RN on duty on 9/8/15.	F 356		